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AUTHOR Hatzichristou, Chryse; Whang, Patricia A.
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ABSTRACT

A review and analysis of relevant literature discusses the heterogeneity of social competence observed in learning disabled children. Sociometric group classification is judged to be a viable behavioral classification framework. Inconsistencies are noted in the way peer popularity, peer acceptance, and sociometric status are defined in the research literature. The fact that few studies have been conducted in natural settings is one among several identified factors that call into question conclusions reached concerning social competence. Interventions reviewed include manipulation of antecedent and consequent events, cognitive training, and teaching new skills. Among recommendations are that a distinction be drawn between learning disabilities resulting from organic causes and those resulting from emotional/environmental causes, a distinction which will, in turn, affect the type of intervention program implemented. Twenty-seven references are cited. (JW)

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# Social Skills Interventions with the Learning Disabled: Past, present, and future

Chryse Hatzichristou and Patricia A. Whang
University of California, Berkeley

Running Head: Social Interventions in the Learning Disabled

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## Abstract

The learning disability literature reveals an interaction between learning and social/behavioral problems. Intervention efforts tend to focus only on the academic aspect. However, interventions aimed at improving social difficulties are necessary because a predictive relationship exists between early and later social adjustment problems. To ensure the effectiveness of social interventions, it is recommended that the heterogeneity of behavioral characteristics of the learning disabled population be recognized. A new approach based on Coie's sociometric group classification scheme is proposed.

# Social Skills Interventions with the Learning Disabled: Past, present, and future

The term learning disability (LD) contains the largest proportion of students in special education programs. However, there is a lack of consensus on how to define the term. Presently, the most influential definition is that proposed by the National Advisory Committee for Handicapped Children. It states that:

> Children with a learning disorder exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, reading, spelling and arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc...They do not include learning problems which are due primarily to visual, hearing or motor handicaps, to mental retardation, emotional disturbance, or to environmental disadvantage.

As can be deduced from the above definition, learning disability is a blanket term. The definition focuses on problems, not causes and it specifies neither the areas nor the learning processes which the child is deficient.

Ironically most definitions of LD also explicitly exclude social or emotional maladjustment as a primary characteristic. This is surprising since there is growing evidence that the learning disabled experience various problems in their interpersonal relationships. Some of their difficulties include deficits in vocabulary and syntactic structure, which may interfere with their ability to communicate clearly; the

inability to accurately comprehend nonverbal communication; and a greater frequency of insensitive statements to others. Consequently, research findings have shown that LD children are poorly accepted by their nondisabled peers, and are looked upon less favorably by teachers, parents, and strangers. Additionally, they are reported to have lower self-concepts than their peers.

Intervention programs are important, because difficulties in peer relationships during childhood have been found to be predictive of serious adjustment problems in later life and may interfere with academic achievement. Despite the necessity for interventions aimed at improving these children's social relationships, the focus has been mainly on academic rather than social interventions. In the few studies which exist, researchers have tried a variety of intervention techniques, such as modeling, coaching, reinforcing procedures, and group process activities. There has been a limited number of encouraging findings. Researchers tend to treat the disabled as a homogeneous group, ignoring factors which may be crucial for the effectiveness of their intervention programs. A recent study (Carlson, 1987) has confirmed the heterogeneity of LD children's social competence. Such findings point to the necessity of grouping LD children according to their behavioral characteristics.

## Classifications

Hallahan and Kauffman (1977) have stated that the special

education categories of learning disability, mild emotional disturbance, and mild mental retardation share more similarities than differences. This is based on the fact that the three areas have evolved from very similar historical foundations; there are no behavioral characteristics which are the exclusive domain of any one of the three categories; and successful teaching techniques do not differ among the three areas. The authors go on to suggest that children should be considered candidates for special education on the basis of specific social or academic performance deficits, rather than standardized test scores or clinical impressions. It is recognized that grouping exceptional children according to behavioral characteristics is not a perfect solution. However, such a classification system is preferable to grouping according to traditional categories, because it implies that special education will be task-centered and that special educators will take seriously their charge to remediate the specific behavioral deficits of children, regardless of a student's administrative categorical designation. A viable behavioral classification framework is the sociometric group classification schema (Coie et al., 1982).

Coie, Dodge, and Coppotelli (1982) attempted to increase the accuracy and diversity of sociometric group classification schemes by combining what they described as independent impact and preference dimensions with a standardization of scores approach. The total number of nominations received by each child on liked most and liked least questions were calculated and were

transformed into standardized scores within each grade level. They calculated the social preference variable by the formula LM - LD (like most - like least) and the social impact by the formula LM + LL.

Two dimensions of social preference and social impact were used to select children for placement into five sociometric groups: popular, rejected, neglected, controversial, and average. The children were also asked to nominate three peers who best fit each of the following six behavioral descriptions: "cooperates," "disrupts," "shy," "fights," "seeks help," and "leader." Peer perceptions of the behavioral correlates of the sociometric groups were obtained and found to reveal distinct profiles. The popular children received high scores for the "cooperates" and "leader" descriptions and low scores for the "disrupts," "fights" and "seeks help" descriptions. The rejected children received low scores for the "cooperates" and "leader " descriptions and high scores for the three negatively valenced descriptions ("disrupts the group," "fights" and " seeks help"). These two groups did not differ from each other in scores for the "shy" description. The controversial group was perceived as disruptive and aggressive (like the rejected group), but also as social leaders (like the popular children).

Finally, in the neglected group no behavioral items were found to have significant negative loadings on social impact, except for the marginal relationship of shyness in the eighth-grade results. This group was the polar opposite of the

controversial group on all items, except the "cooperates" item. Coie and his colleagues noticed that since the neglected group was a low visibility group, it might "have been difficult even for their peers to reach a consensus about naming them as "shy" (p.568).

Using hierarchical cluster analysis techniques, Speece et al. (1985) identified seven distinct behavioral subtypes of young, school-identified, LD children. More than a third of the LD sample (n=63) did not exhibit a maladaptive pattern of behavior. The remaining 65% clustered into five distinct subtypes that were interpreted as representing different degrees of attentional, conduct, and personal adjustment problems. In contrast, only 15% of the control group of average achievers fell into these subgroups. The patterns for the deviant clusters resembled the findings of other researchers (Schaefer, 1981; Von Isser et al., 1980). For example, based on a factor analysis of teacher ratings of deviant behavior, Von Isser et al. identified the three behavioral dimensions of 1) immaturity; 2) conduct disorders; and 3) anxiety/withdrawal.

Based on their findings, Speece et al. further underscored the hypothesis that multiple factors may be involved in the identification of LD children; which may consequently explain why this population has not benefitted from mainstream instruction. Furthermore, the data suggests that a multiple-syndrome interpretation of LD may be necessary. The lack of homogeneity warrants the need for differential interventions.

Social Aspects of the Problem

Research on children with learning disabilities has been primarily focused on their academic deficits. Only recently have learning disabled children's social interactions become an area of growing concern. Increasing research emphasis on the relationship between early peer experiences and later social adjustment during the last decade has contributed to the shift. Based on experimental findings with primates and correlational studies with humans, it has been argued that poor early peer relations are predictive of adjustment problems and social difficulties in later life (school adjustment problems, dropping out of school, poor academic achievement, mental health problems, behavior or character disorders in both adolescence and adulthood and bad conduct discharges from the military).

Most of the investigators appear to have unquestionably accepted the conclusions of some studies, which claim that learning disabled student are more rejected by peers than non handicapped students and exhibit a deficiency in self-concept. Based on this assumption, researchers have subsequently started searching for underlying causes.

Due to the existing disagreement on the objective criteria of social competence, most researchers have used the judgments of significant others in the child's environment to assess social competence (Hops, 1983).We will start our review by focusing on studies that examine the peer popularity and the sociometric status of learning disabled students. In turn, we will review

studies that use teachers' perceptions of the students' behavioral patterns and quality of social interaction. Starting with peer and teacher assessments will enable us to reach some conclusions on the learning disabled students' actual behavior in their natural environment -their classroom.

The most often cited relevant studies in the literature are those done by Bryan (1974, 1976) and Bruininks (1978). Bryan (1974) found that learning disabled children received significantly more votes on a sociometric measure of social rejection and significantly fewer votes on a sociometric measure of social attraction than control children matched on sex, race and classroom. In addition, significant interactions on group-by-race and group-by-sex were found. White, female learning disabled children were the most rejected by theirs peers. The author acknowledges the possibility that differences in the intellectual abilities of these groups of children may be attributed to the lower popularity of the LD children. In a replication of this study one year later, Bryan (1976) found similar results, with the exception of the interaction for sex.

Bruininks (1978) also examined the peer relationships of LD students in regular classrooms. LD students were found to have significantly lower peer status scores. That is, LD boys received significantly lower peer status scores relative to both a comparison group and the total class. Too few LD girls were included in the study for any meaningful comparison to be made.

In another study (Scranton & Ryckman, 1979) learning

disabled children were found to differ significantly from normal children on both positive and negative sociometric choices. Interestingly, learning disabled girls were more likely to be socially rejected and less likely to be accepted than the learning disabled boys. However, Horowitz (1981) has found that the learning disabled did not differ significantly from their normal peers with respect to popularity when intelligence was controlled for.

Siperstein, Bopp & Bak (1978) examined the peer relationships of LD children with respect to their academic ability, physical appearance and athletic ability. They found that the LD children were less popular and were not voted as being among the smartest in their class, but an equal proportion of LD and non-LD children received nominations on both athletic ability and physical appearance factors.

Finally, Prillaman (1981) failed to find that LD children rated significantly lower in terms of popularity than their non-LD classmates. Furthermore, he found that the LD children were over represented in the sociometric isolate category when compared to their non-disabled peers.

These studies do not provide us with unequivocal conclusions due to several shortcomings. There is an inconsistency in the way peer popularity, peer acceptance, and sociometric status are defined. For example, some researchers have only used social acceptance scores to define sociometric status, which results in the confounding of the rejected and neglected status groups.

Furthermore, results which indicate that LD children are less popular than their peers does not necessarily mean that they are more rejected. In all studies, LD children are treated as a homogeneous group and they are compared to their non-handicapped peers who are also considered to be a homogeneous group. It should also be noted that the sex and race variables have not been included in the analysis of the data in most studies.

A brief review of studies using teachers' perceptions of the behavioral patterns of LD children follows. McCarthy and Paraskevolpoulos (1969) compared the behavior patterns of LD, emotionally disturbed and average children based on a teacher's Behavior Problem Checklist. LD children were perceived as exhibiting fewer and less severe problems than ED children and as exhibiting more and more severe problems than the average children. Important differences in the groups' profiles were also found. The LD group was perceived as having more conduct problem behaviors than immature or neurotic behaviors, which were perceived as being present to the same degree.

Other studies have found that teachers perceive LD children as hyperactive, less cooperative, less attentive, less able to organize themselves, less accepting of responsibility and less tactful than their classmates (Bryan & McGrady, 1972; Keogh et al., 1974). Finally, Garrett and Crump (1980) reported that LD students were less preferred by teachers than their non-LD peers.

In an observational study of classroom behavior, Bryan and Wheeler (1972) found that LD boys spent significantly more time

in off-task behavior than comparison peers. However, they did not find any differences between the groups regarding the time spent interacting with teachers and peers. Unfortunately, both the LD and non-LD samples consisted of only 2 boys. In a laboratory study of dyadic interactions, Bryan (1974a) failed to find any differences on behavioral dimensions for the LD and control groups.

Systematic studies of the teachers' perceptions of the LD children's behavioral patters are needed. Further research should also focus on detecting differences in behavioral profiles of possible different subgroups among the LD population.

Causes of the Problem

Schumaker and Hazel (1984) reviewed relevant studies in order to identify the cognitive social skills and the overt social behaviors of LD children that need to be targeted for intervention programs. Based on numerous studies, LD children have been reported to exhibit deficits in choosing socially acceptable behaviors, in discriminating social cues and in role-taking skills. They have also been reported to experience problems in their non-verbal skills, in their conversational skills and in handling conflict situations. These findings cannot be unconditionally accepted. First of all, few of the social skill deficits and behavioral excesses have been found to be functionally related to problems in the social realm. Secondly, it is not know whether subgroups within the LD population exist with regard to social skill ability and

performance. Thirdly, few studies have been conducted in natural settings which makes generalizing the results questionable. Finally, the lack of an agreed upon definition of social skills has increased the confusion in the field.

Interventions

Despite the evidence demonstrating that LD children experience social inadequacies, it is surprising that so little research has been done to improve the relationships of these children. Reasons for this include 1) until recently, most studies using sociometric measures have been concerned with proving that LD children do have social problems; and 2) it is not clear what behaviors or skills these programs should address. However recently, there have been a number of studies which assessed changes in LD children's social skills or social status as a function of some type of experimental treatment (Schumaker & Hazel, 1984b). The authors have found that intervention techniques fall into three categories: a) the manipulation of antecedent and consequent events; b) improving control over social behavior; and c) teaching new skills to ameliorate skill deficits or provide incompatible responses to replace behavioral excesses.

Manipulating antecedent and consequent events is done to increase the occurrence of desirable behaviors while decreasing undesirable. An example of this sort of technique is providing reinforcement if an appropriate social behavior occurs or withholding or punishing if an inappropriate behavior is engaged

in.

Cognitive training aimed at teaching self-control has been used to reduce the rate of inappropriate behaviors. Techniques, such as using self-recordings of behaviors, have found to be useful in decreasing disruptive classroom behaviors in non-LD populations (e.g. Broden, Hall, & Mitts, 1971). There have been no empirical studies to evaluate the efficacy of this technique on LD students, but evidence exists which shows that the disabled can learn self-control procedures (e.g. Hallahan, et al, 1979).

The teaching of new skills encompasses four types of instructional procedures. The first, descriptive procedures, involves any one or more of the following: defining the skill, giving rationales for using the skill, providing general characteristics and examples of specific situations in which the skill should be used, outlining the behavioral steps involved in using the skill, and presenting societal rules regulating use of the skill (Hazel et al., 1985). Modeling, the second type of procedure, involves demonstrating the desired social skill in order to expose the student to accurate sequential representations of the necessary behavioral components. The third, rehearsal and feedback procedures, involve verbally rehearsing the desired behavior (e.g. role-play) and receiving feedback on the performance. The last category is any combination of the instructional procedures. When used in combination, LD individual's overt social skill performance in

contrived situations has been substantially increased (Schumaker & Hazel, 1984b). However, it is necessary to explore the contribution each procedure is capable of making on its own and the most effective teaching procedure for cognitive skills needs to be determined.

After reviewing studies investigating the efficacy of intervention techniques, Schumaker and Hazel (1984b) have stated that:

> due to limited numbers of studies showing that social skill training makes a positive impact on LD individuals' social lives, it is unclear whether social skill training should be used as a treatment strategy for these individuals (p. 497).

Furthermore few of the relevant studies have shown that social skills training has a positive impact on LD individuals' lives, especially since some individuals may not need social skills training.

Conclusion

The LD population is very heterogeneous. This is partly due to the lack of a concise definition for identification and assessment purposes. Moreover, greater similarities rather than differences have been found between the special education categories of learning disability, mild emotional disturbance, and mild mental retardation (Hallahan & Kauffman, 1977). Based on these findings, the authors have suggested that special education candidates should be grouped according to their behavior characteristics. Furthermore, we recommend that the heterogeneity of the behavioral characteristics of the LD

population be recognized. Support for this is warranted because of the recent findings of Speece and his colleagues (1985). They found that one third of their LD sample did not exhibit any maladaptive patterns of behavior, while the remaining 65% exhibited five distinct problematic behavioral profiles. In addition, the lack of consistency of the LD population's behavioral characterization and effective interventions further strengthens the need for finer classifications.

A new conceptual framework is proposed, which overcomes the above limitations. It advocates distinguishing between learning disabilities resulting from organic versus emotional/environmental causes. This distinction will dictate the type of intervention program implemented. For example, we need to be aware of the deficits of organically disabled children when formulating expectations concerning target behaviors, intervention strategies, and degree of improvement. Moreover, involving the child's social system is necessary in order to secure the generalization and effectiveness of treatment. We further propose the differentiation of emotionally based disabilities according to Coie's (1982) sociometric group classification scheme. The rationale behind this is that popular, rejected, neglected, controversial, and average subgroups exhibit distinct behavioral repertoires and social skill deficits which need to be approached differently. Taking into consideration the differences will insure the likelihood of improving these children's behavioral repertoire. This is

similar to a doctor who increases his chances of success if he has a whole black bag of medicine to choose from, rather than relying on just one panacea to treat his patients.

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